

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Command: <b>San Andreas</b>	Division: <b>Valley</b>	Chapter: <b>Chapter 6</b>
Inspected by: <b>G. A. Hiehle, Sgt. #10578</b>		<b>12-03-09</b>

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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  1	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:		
Due Date:			
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:
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Inspector's Findings:
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The San Andreas Area has not applied for any grants or receiving any money from grants.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
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Commander agrees with the Inspector's findings.

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**COMMAND INSPECTION PROGRAM**  
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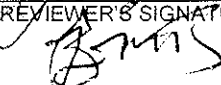
Command: <b>San Andreas</b>	Division: <b>Valley</b>	Chapter: <b>Chapter 6</b>
Inspected by: <b>G. A. Hiehle, Sgt. #10578</b>		<b>12-03-09</b>

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Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 12/10/09
	INSPECTOR'S SIGNATURE 	DATE 12/10/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 12/10/09

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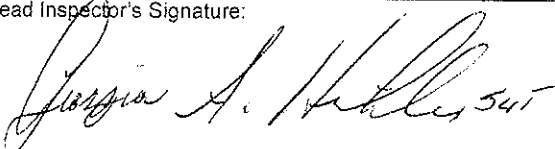
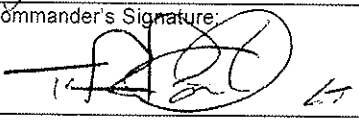
# COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 6

Command Grant Management

Command: San Andreas	Division: Valley	Number: 255-09-004
Evaluated by: G. A. Hiehle, Sgt. #10578		Date: 12-03-09
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-up Inspection	Commander's Signature: 
			Date: 12/10/09
For applicable policy, refer to: GO 40.6			

**Note:** If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. If the commander became aware that another agency or organization is proposing or has submitted a grant application to a funding agency other than the Office of Traffic Safety (OTS) that appears to focus on traffic safety goals clearly within the jurisdiction of the Department, did the commander notify the appropriate assistant commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Commander would make proper notification, but this has not occurred in Area
2. Has OTS grant funding, through the Highway Safety Plan, been sought for traffic safety-related activities for the purpose of conducting inventories, need and engineering studies, system development or program implementations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: This has not occurred in Area
3. Has the command sought grant funding to assist with the expenses associated with the priority programs identified by the National Highway Traffic Safety Administration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area has not sought specific grant funding
4. Has the commander ensured grant funds are not being reallocated to fund other programs or used for non-reimbursable overtime expenditures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Area does not have specific grant funding
5. Are concept papers regarding grant funding submitted through channels to Grants Management Unit (GMU)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: This has not occurred in Area
6. Was GMU contacted to determine the current personnel billing rates used for grant projects when preparing concept paper budgets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: This has not occurred in Area

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## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 6

Command Grant Management

7. Is supporting documentation of consent and acceptance (of the work, goods, or services provided by the state on behalf of a local government agency as required by 23 Code of Federal Regulations Part 1250) being submitted to OTS for all grant projects coded as "for local benefit"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: This has not occurred in Area
8. Were all copies of the grant project agreements, revisions, and claim invoices signed by the Project Director, or designated alternate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: This has not occurred in Area
9. Were all inquiries or correspondence concerning the availability of grant funds or other contacts with grant funding agencies coordinated/processed through GMU?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: This has not occurred in Area
10. Are all expenditures of grant funds approved by GMU prior to entering into any obligations, with the exception of personnel costs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not at Area
11. Are quarterly progress reports forwarded through channels to GMU in accordance with the instructions contained in the associated project MOU?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not at Area
12. Are all requirements of the grant agreement and MOU being met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not at Area
13. Is a final project report being prepared in accordance with the funding agency and departmental requirements upon the termination of the grant project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not at Area
14. Does every invoice associated with a grant funded project contain the project number and name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not at Area
15. Are all purchases of grant-funded equipment acquired under an OTS grant exceeding a unit cost of \$5,000 being documented on an Equipment Report, Form OTS-25?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not at Area
16. Has grant funded equipment been inspected to ensure it is being utilized in accordance with the respective grant agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not at Area
17. Are applications for federal funds in accordance with Government Code Section 13326 including obtaining approval from the Department of Finance and/or the Governor's office prior to submission to the appropriate federal authority? This would include any of the following: <ul style="list-style-type: none"> <li>• Applications for federal funds which are not included in the budget approved by the Governor.</li> <li>• Applications for federal funds which exceed the amount specified in the budget.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not at Area

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## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 6

Command Grant Management

18. Is a federal Standard Form 424, Application for Federal Assistance, filed with the State Clearinghouse for all approved unbudgeted grant requests received by the Department of Finance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not at Area
19. Has any request for unanticipated federal funds met the criteria for legislative notification set forth in Control Section 28.00 of the annual Budget Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not at Area
20. Are grant funds being used for their intended purpose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not at Area
21. Are grant applications related to the Motor Carrier Safety Assistance Program (MCSAP) being routed through the Commercial Vehicle Section before they are submitted to the funding agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not at Area
22. Are grant applications related to the Homeland Security Grant Program being routed through the Emergency Operations Section before they are submitted to the funding agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not at Area
<b>Questions 23 through 26 pertain to the Grants Management Unit</b>				
23. Has GMU prepared an annual Management Memorandum to be disseminated to all commanders soliciting participation in the Department's Highway Safety Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not at Area
24. Did GMU send the concept paper as an attachment to a memorandum through the Planning and Analysis Division to Assistant Commissioner, Field, and Assistant Commissioner, Staff, and their Executive Assistants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not at Area
25. Did GMU route copies of the Draft Grant Agreement using the CHP Form 60, Staff Summary Statement, to all commands with responsibility for or that have an interest in the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not at Area
26. Was a Memorandum of Understanding between involved commands outlining the responsibilities of each command prepared and distributed by GMU?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not at Area



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EXCEPTIONS DOCUMENT**

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Command: <b>San Andreas</b>	Division <b>Valley</b>	Chapter: <b>Chapter 6</b>
Inspected by: <b>G. A. Hiehle, Sgt.</b>		Date: <b>12-03-09</b>

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TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level	Total hours expended on the inspection:  3	<input checked="" type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
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Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:  Due Date:	
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Chapter Inspection:

Inspector's Comments Regarding Innovative Practices:

The OSSl has her own spread sheet that she keeps track of reimbursable overtime. She reconciles this with the officers 415's each month. She also reconciles it with the MAR.

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

There were two discrepancies in the inspection.

1. Officers working overtime on an RDO did not notate "RDO" in the notes section of the CHP 415.
2. At times officers fail to work a 7 hour day during each FLSA period and Area incurs FLSA overtime.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Commander agrees with the Inspector's findings.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

**COMMAND INSPECTION PROGRAM**  
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Command: San Andreas	Division Valley	Chapter: Chapter 6
Inspected by: G. A. Hiehle, Sgt.		Date: 12-03-09

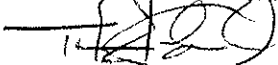


**Required Action**

**Corrective Action Plan/Timeline**

The commander will discuss this inspection with Area supervisors regarding the noted deficiencies as outlined below. Area supervisors will disseminate this information to all Area officers.

1. Area supervisors will immediately ensure that all officers notate "RDO" in the "Notes" section of the CHP 415, Daily Field Record, for overtime worked on a regular day off.
2. Area has created a briefing item on December 10, 2009, reinforcing this requirement.
3. The commander will randomly check officer CHP 415's documenting RDO overtime to ensure policy is followed.
4. The scheduling supervisor always schedules a single 7 hour day for Area officers working the 3/12 AWW. The commander has immediately directed all supervisors to ensure that each officer works a 7 hour day during each FLSA period and to ensure this requirement is met following any schedule adjustments.
5. The commander will monitor officer schedules in order to ensure that each officer works a single 7 hour day during each FLSA period in order to avoid incurring FLSA overtime.

Area is confident that these two deficiencies have been properly identified and immediately resolved in order to avoid any future occurrence.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 12/10/09
	INSPECTOR'S SIGNATURE 	DATE 12/10/09
<input type="checkbox"/> Reviewer discussed this report with employee	REVIEWER'S SIGNATURE 	DATE 12/10/09
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur		

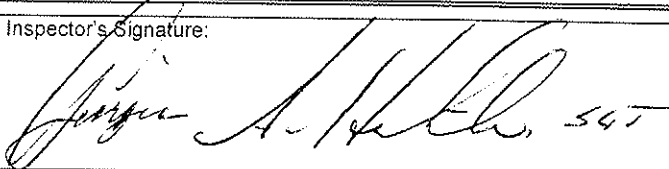
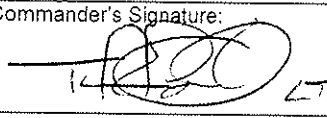
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# **COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST**

Chapter 6  
Command Overtime

Command: <b>San Andreas</b>	Division: <b>Valley</b>	Number: <b>255-09-004</b>
Evaluated by: <b>G.A. Hiehle, Sgt. #10578</b>		Date: <b>11-23-09</b>
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-up Inspection	Commander's Signature: 
Date: <b>12/10/09</b>			
For applicable policies, refer to HPM 11.1, Chapter 6, HPM 40.71, Chapters 2, 8, and 10, HPM 10.5, Chapter 2, and HPM 10.3, Chapters 24 and 28.			
<b>Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.</b>			
1. Is the hiring company/agency for reimbursable overtime being held responsible for paying a minimum of four hours of overtime per CHP uniformed employee, regardless of length of service/detail?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: The hiring company is billed for a minimum of four hours of overtime regardless of the length of work on the detail.
2. Is a minimum of four hours overtime being allocated to each CHP uniformed employee(s) if cancellation notification is made 24 hours or less prior to the scheduled detail and the assigned CHP uniformed employee(s) cannot be notified of such cancellation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: CHP uniformed employees are granted four hours of overtime if the detail was cancelled 24 hours or less prior to the start of the detail
3. Are reimbursable special project codes being used for all overtime associated with reimbursable special projects?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: 415's are reviewed by a sergeant and OSSI to ensure the special project codes are used.
4. Is the commander ensuring nonuniformed personnel overtime hours are not reflected on the Report of Overtime Hours for Reimbursable Special Projects?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: The commander reviews the Special Project Overtime Report each month.
5. Is the commander ensuring non-reimbursable overtime is not being claimed for an employee, other than Bargaining Unit 7, while on vacation or compensated time off for hours worked during their regular work shift time?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: The commander reviews this monthly.
6. Is "RDO" being written in the "Notes" section of the CHP 415, Daily Field Record, for overtime worked on a regular day off?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: Fourteen COOZEOP overtime CHP 415's were checked in FLSA period 7-6/8-2. All were approved by supervisors and none had RDO written in the Notes section



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## OMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 6

### Command Overtime

7. Is there a CHP 90, Report of Court Appearance - Civil Action, completed for each officer or sergeant when overtime is associated for civil court?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: OSSI attaches a CHP 90 to officers civil subpoena
8. Do the CHP 415s with overtime indicate the employee's lunch period or indicate "None" if the employee worked through their lunch break?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Supervisors review to ensure this is completed
9. Did the supervisor sign the CHP 415s approving the overtime?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: All overtime was signed by a supervisor or commander.
10. Are claimed overtime meals related to overtime worked within 50 miles of the employee's headquarters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No overtime meals were claimed.
11. If overtime is incurred by a peer support counselor, is the name of the employee to whom support was provided excluded from the CHP 415 of the counselor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No peer support counselors in Area.
12. Is the "Notes" section on side two of the CHP 415 used to explain any overtime listed on side one of the CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Sergeant's responsibility to review.
13. Are employee's Compensated Time Off hours maintained within reasonable balances?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Sergeants and commander review leave balance report monthly.
14. Is the commander ensuring employees are not incurring overtime due to working over the allotted number of hours for any given Fair Labor Standards Act (FLSA) period?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Recent incidents have occurred where officers have failed to work a 7 hour day and incurred FLSA overtime.
15. Is the commander ensuring uniformed employees are not working voluntary overtime which results in them working more than 16.5 hours in a 24 hour period?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Commander and Sergeants monitor officer's hours when overtime is worked.
16. Do the CHP 415 total overtime hours agree with the Monthly Attendance Report (MAR)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: OSSI reconciles MAR and it is approved by commander.
17. Are the MARs retained for at least three years and contain the commander's signature?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: OSSI is responsible for retaining the MAR'S